

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITIONS
12 May 03**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 2 June 03. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 220
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: Acquisitions@us.med.navy.mil
TELEPHONE: 301-619-2151

A. NOTICE. This position is set aside for individual Registered Nurses (Utilization Management Program Coordinator) only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. REGISTERED NURSE. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Registered Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must meet all the requirements contained herein and (3), competitively win this contract award.

Services shall be provided in the Directorate for Healthcare Operations, Utilization Management Department at the Naval Medical Center, San Diego, CA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0600 and 1700. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave at the end of every 2 week period worked. Personal leave shall be used for both planned (vacation) and unplanned (sickness) absences. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commander, Naval Medical Center, San Diego, CA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Utilization Management Program Coordination duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned department of the hospital.

1. Administrative and Training Requirements. You shall:

1.1. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.2. Participate in periodic required meetings to review and evaluate Utilization Management/Review processes. Should a meeting occur outside of regular working hours, you shall be required to obtain a brief from the supervisor regarding the contents of the meeting.

1.3. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.4. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

1.5. Attend renewal of Annual Training Requirements as required and provided by the MTF.

2. STANDARD DUTIES. You shall provide oversight for the activities of the Utilization Review division located in the Utilization Management Department, at the Naval Medical Center, San Diego. Activities focus on best business practices utilizing analytical and critical analysis of inpatient reviews; consult review and tracking, and directing of the Supplemental Care Program. The division’s objective is to meet the needs of the patients within the benefit constraints and promote quality care in a timely fashion, monitoring resource utilization. You shall perform the following duties:

2.1. Coordinate and manage the day-to-day activities of the Utilization Review Division.

2.2. Ensure current policies and maintain procedures, workflow, filing and reporting systems as it relates to the UM department and related areas within other departments.

- 2.3. Compile and analyze data as it relates to utilization of resources, state and federal review agencies, physician response to issues relating to utilization, and unidentified or unreported resource problems.
- 2.4. Serve as primary contact person for UR issues concerning beneficiaries.
- 2.5. Update UM/UR procedures based on latest government policies.
- 2.6. Liaise with Managed Care Support Contractor (MCSC) for patient referrals and related issues.
- 2.7. Monitor for UR compliance with MCSC contractual agreements.
- 2.8. Maintain database and comply with directives concerning denial and appeal processing.
- 2.9. Maintain department records and compile statistics from UR tracking studies.
- 2.10. Maintains current Web page data.
- 2.11. Evaluate effectiveness of departmental services, redirecting those services as necessary to ensure patient/physician satisfaction.
- 2.12. Incorporate automation and software capabilities into the department as needed to ensure optimal staff performance.
- 2.13. Maintain current knowledge of typical screening criteria, including but not limited to Milliman and Robertson, InterQual, Tricare Manual, Medicare benefit manual.
- 2.14. Provide backup for any UR personnel absent from work.
- 2.15. Participate in the selection and development of UR focused reviews/studies.
- 2.16. Interface with interdisciplinary teams associated with UR activities.
3. JCAHO REQUIREMENTS. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
 - 3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
 - 3.2. The regulations and standards of professional practice of the treatment facility, and
 - 3.3. The bylaws of the treatment facility's professional staff.
4. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF will be maintained at the MTF, and contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in BUMEDINST 6320.66c and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at: <http://navymedicine.med.navy.mil/instructions/external/6320.66centire.pdf>
- D. Minimum Personnel Qualifications. To be qualified for this position you must:
 1. Possess a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing relations.

2. Possess working knowledge of InterQual and Milliman & Robertson criteria.
3. Possess Utilization Management experience of at least 3 years in preceding 5 years.
4. Provide two letters of recommendation from nurse supervisors and/or physicians attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc, as related to Utilization Management services. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.
5. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
6. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation, Item D.4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed (2 copies) " *Personal Qualifications Sheet – Registered Nurse" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (2 copies) (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.4., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Registered Nurse". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and

other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for a Registered Nurse is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-2151.

We look forward to receiving your application.

ATTACHMENT 001**PERSONAL QUALIFICATIONS SHEET - REGISTERED NURSE**

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on this requirements package. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature) _____(mm/dd/yy)
(Date)

I. General Information

II. Professional Education:

III. Professional Licensure (License must be current, valid, and unrestricted):

IV. Approved Continuing Education:

V. Basic Life Support Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers:

VI. Professional Employment: List your current and preceding employers.

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Work Performed: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?
 _____ When does the contract expire? _____

VII. Additional Medical Certification, Degrees or Licensure: This should include advanced education such as a Master's Degree:

Type of Certification, Degree or License and Date of Certification or Expiration

VIII. Professional References:

Provide two letters of recommendation from nurse supervisors and/or physicians attesting to clinical and professional skills, competencies, patient rapport, training abilities, etc, as related to Utilization Management services. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

IX. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section D.5?	_____	_____

X. Additional Information:

Provide any additional information you feel may enhance your ranking, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XI. I hereby certify the above information to be true and accurate:

(Signature) _____(mm/dd/yy)
(Date)

ATTACHMENT 002

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Registered Nurse (Utilization Management Program Coordinator) in the San Diego, CA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Registered Nurse (Utilization Management Program Coordinator) at the Naval Medical Center, San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2088	Hour	_____	_____
TOTAL CONTRACT				_____	_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A**

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying

- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 4. Voter's registration card | possession of the United States bearing an official seal |
| 5. U.S. Military card or draft record | |
| 6. Military dependant's ID Card | 4. Native American Tribal document |
| 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (INS Form I-197) |
| 8. Native American tribal document | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 9. Driver's license issued by a Canadian government authority | |
| For persons under age 18 who are unable to present a document listed above; | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a). |
| 10. School record or report card | |
| 11. Clinic, doctor, or hospital record | |
| 12. Day-care or nursery school record | |

ATTACHMENT 004CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22 O
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

() The offeror represents for general statistical purposes that it is a woman-owned small business concern.

() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

___ **Black American.**

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ **Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).**

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).